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Letter dated 12 March 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 February to 1 March 2015, the 150-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER, and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 10 February 2015 (A/69/759).

Current situation of the Ebola outbreak

2. As at 1 March 2015, a total of 23,969 confirmed, probable and suspected cases of Ebola have been reported in four affected countries (Guinea, Liberia, Sierra Leone and the United Kingdom of Great Britain and Northern Ireland) and five previously affected countries (Mali, Nigeria, Senegal, Spain and the United States of America). A total of 9,807 confirmed, probable and suspected deaths have been reported.

3. After a sharp decline in cases, to a low of 99 confirmed cases reported in the week prior to 25 January, February has seen a plateauing of the number of cases at between 100 and 150 cases per week. The plateauing reminds us that the end to the epidemic will not be linear and will require an intensification of effort. The outbreak has also become more localized, with 94 per cent of all confirmed cases in the week prior to 1 March located in an arc covering the coastal area of western Guinea and the coastal and western areas of Sierra Leone. That reinforces the importance of targeted approaches to high transmission hotspots and continued vigilance in areas with low transmission, especially in the face of the challenges that could arise in the impending rainy season.

4. Since mid-December 2014, Guinea has experienced a steep decline to an average of 45 confirmed cases per week for the first three weeks of January 2015. Since then, the weekly incidence has slightly increased to an average of 50 confirmed cases in the first three weeks of February. In the week prior to 1 March, 51 confirmed cases were reported. Meanwhile, the epicentre of the epidemic in Guinea has shifted from eastern to western Guinea. The districts of Conakry, Coyah and Forécariah reported 88 per cent of the total confirmed cases nationally in the week prior to 1 March. As at 1 March, Guinea accounted for 3,219 confirmed, probable and suspected cases and 2,129 confirmed, probable and suspected deaths.

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5. In Liberia, case incidence declined significantly to single digits per week nationally since the beginning of January. A landmark zero cases was reported in the week prior to 1 March, in contrast with the high case incidence reported in mid-September 2014, when an average of 321 confirmed cases were recorded each week. The last confirmed case in Liberia was reported on 19 February 2015. Montserrado County, which includes the capital, Monrovia, continues to be the area most affected by Ebola in the country. In February, 9 of the 10 confirmed cases reported were in Montserrado. All confirmed cases in February belonged to a single chain of transmission, which highlights the importance of contact tracing and strengthened surveillance. As at 1 March, Liberia reported a cumulative total of 9,249 confirmed, probable and suspected cases and 4,117 confirmed, probable and suspected deaths.

6. Sierra Leone is continuing to experience the highest number of new confirmed cases among the three countries, reporting 81 confirmed cases in the week prior to 1 March. After a sharp decline to a low of 65 confirmed cases in the week prior to 25 January, weekly case incidence has fluctuated between 63 and 96 confirmed cases. Ebola transmission continues to be localized in the western area of Sierra Leone, representing 94 per cent of the confirmed cases reported in February. Much of the increase in confirmed cases in the week ending on 15 February resulted from a cluster of 26 cases in the Aberdeen fishing community, a peninsula in Freetown, which spread to Bombali and resulted in a further outbreak in that district. As at 1 March, Sierra Leone reported a total of 11,466 confirmed, probable and suspected cases, and 3,546 confirmed, probable and suspected deaths.

Current progress with regard to the operational framework to stop the Ebola outbreak

Overall assessment

7. Despite the initial downward trajectory in incidence rates across the three countries in January 2015, February has seen fluctuating case incidence numbers in Guinea and Sierra Leone. Liberia is currently the only country where the fall in case incidence has been sustained. Progress in Liberia can be attributed to several factors, including community engagement in the response, coordination among responders and integration of the lines of actions (case finding, case management, safe and dignified burials and community engagement) at the community level. Effective engagement of communities in the response remains a challenge in several geographical areas, particularly in Guinea and Sierra Leone. Nearly half of all prefectures (14 out of 34) in Guinea reported at least one security incident in February, often as a result of rumours and misinformation linking response efforts with the spread of Ebola. A total of 118 new confirmed cases were identified in Guinea and Sierra Leone in February after post-mortem testing of individuals who died in the community. That suggests that a significant number of sick people are still either unable or unwilling to present themselves for diagnosis and treatment.

8. The stagnation in progress is a reminder that intensified and targeted efforts across the four lines of action are still needed in all three affected countries to further curb the spread of the disease. Active surveillance can only be strengthened when communities allow teams access to conduct contact tracing activities to identify all contacts. Despite sufficient capacity to conduct safe burials, unsafe burials continue to be reported as the source of many chains of transmission. In

Guinea and Sierra Leone, 108 and 102 unsafe burials were reported, respectively, during the month of February. Enhanced community engagement efforts are needed to continue to earn communities' trust and to encourage their ownership of the response. Information-sharing to enable the cross-border tracing of Ebola contacts also requires reinforcement.

Progress towards meeting key targets and related challenges

9. As at 1 March 2015, infrastructural inputs and clinical capacities, such as Ebola treatment units, laboratories and safe burial teams, are in place in each of the three affected countries. With the decline in overall cases and sufficient capacity to isolate, treat and safely bury fatalities from Ebola, the second phase of the Ebola response is now characterized by focused efforts to improve active surveillance, case finding and contact tracing; strengthen rapid response capability and isolation of confirmed cases; and reinforce community engagement and social mobilization efforts to reduce resistance. To measure the extent of change in the burden of disease and geographic spread, the World Health Organization (WHO) has developed a new set of indicators that focus on the application of specific response measures needed to get to zero cases, and includes 12 key performance indicators across the four main lines of action.

10. All three countries have sufficient capacity to isolate and treat 100 per cent of confirmed Ebola patients. The aggregate availability of Ebola treatment unit beds far exceeds the number of reported Ebola patients. Bed capacity in all three countries is being adjusted to account for reduced caseloads and wider geographic coverage. During the month of February, one treatment unit in Beyla became fully operational and the number of operational beds in Guinea increased from 340 to 360. Ebola treatment units now exist in Beyla, Conakry, Coyah, Guéckédou, Macenta and Nzérékoré. In February, there was an average of 46 confirmed cases per week in Guinea. Bed capacity in Liberia is sufficient given decreasing caseloads, with an average of two confirmed cases per week in February. As at 1 March, 480 beds were operational in 19 Ebola treatment units, resulting in a net decrease of 40 beds. The closure of two treatment units in Monrovia and the opening of four units in Gbarpolu, Lofa, River Cess and Grand Kru Counties between 26 January and 1 March ensure that geographic coverage of care is extended across Liberia. Bed capacity in Sierra Leone decreased slightly from 1,807 beds in 24 treatment units on 1 February to 1,009 beds in 22 units by 1 March. That is deemed sufficient for the average 80 confirmed cases per week in February that Sierra Leone reported.

11. Given the very low number of Ebola cases in Liberia, rigorous surveillance and cross-border contact tracing is crucial to maintain zero transmission and ensure that any new Ebola infections emanate from registered contact lists. Guinea has seen an increase in the percentage of registered contacts to be traced that were reached daily, from 91 per cent to 93 per cent over the reporting period. Both Liberia and Sierra Leone, however, saw decreases in the percentage of contacts reached daily, from 98 per cent to 89 per cent and from 100 per cent to 99 per cent, respectively, over the same period. As at 1 March, the number of newly registered contacts per confirmed and probable case was 12 in Guinea, 60 in Liberia and 24 in Sierra Leone.

12. There has been encouraging, albeit patchy, progress in all three countries related to the number of cases emanating from known lists of contacts. During the reporting period, the percentage of new confirmed and probable cases resulting

from registered contacts in Guinea increased from 17 per cent (7 out of 42) to 49 per cent (17 out of 35). During the same period, the percentage of new confirmed cases arising from registered contacts in Liberia increased from 0 per cent (0 out of 4) to 100 per cent (1 out of 1), denoting that all new confirmed cases are linked to known chains of transmission. In Sierra Leone, over the same period, the percentage of new confirmed cases coming from registered contacts increased from 54 per cent (45 out of 84) to 78 per cent (49 out of 63).

13. Infection prevention and control continues to be an important focus of case management and the protection of health-care workers on the front lines. One hundred per cent of assessed Ebola treatment units in Guinea (2 of 2) and Liberia (12 of 12) have met minimum standards for infection prevention and control. In Sierra Leone, the figure was 78 per cent (14 out of 18). As at 1 March, five health-care workers were infected in Guinea, one in Liberia and five in Sierra Leone.

14. Over the reporting period, the number of operational laboratories increased from 5 to 7 in Guinea, decreased from 9 to 5 in Liberia and increased from 12 to 13 in Sierra Leone. During the month of February, 98, 85 and 88 per cent of samples from suspected and probable cases were tested within one day of collection in Guinea, Liberia, and Sierra Leone, respectively.

15. There are still sufficient burial teams in place to ensure safe and dignified burials for 100 per cent of all deaths due to Ebola. Currently, 242 (61 in Guinea, 72 in Liberia and 109 in Sierra Leone) trained safe burial teams are functional across the three countries, with additional teams available as needed. That number represents an increase from January, when 220 trained safe and dignified burial teams were in place (61 in Guinea, 69 in Liberia and 90 in Sierra Leone). In addition, both Guinea and Sierra Leone reported a decrease in the number of unsafe burials from 34 to 16 and 41 to 16, respectively, between 1 February and 1 March for Guinea and between 1 and 22 February for Sierra Leone. Liberia reported no unsafe burials over the same time frame. Since 1 February, the total number of confirmed deaths reported in the community in Guinea and Sierra Leone were 63 and 55, respectively. For Liberia, two confirmed deaths were reported in the community in February.

16. Between 1 and 22 February, Guinea and Liberia saw an increase in the number of prefectures/counties reporting at least one instance of community resistance, from 9 to 10 prefectures and zero to six counties, respectively. Sierra Leone saw a decrease from three to only one district reporting at least one instance of community resistance over the same time frame.

17. The difficulty in engaging with communities and overcoming pockets of persistent resistance has made it challenging for responders to identify contacts and trace chains of transmission. With the support of networks of anthropologists, district-specific social mobilization and community engagement efforts are under way, notably in Guinea where the high number of positive community deaths and unsafe burials is a critical issue in some of the prefectures. In Sierra Leone, efforts are being scaled up to minimize secret burials and the clandestine washing of bodies before the arrival of safe burial teams.

Update on the operational activities carried out by the United Nations system through the United Nations Mission for Ebola Emergency Response and its partners

United Nations partners

18. Global response efforts continued to be supported by a number of Member States and partners. The 58 foreign medical teams from 40 contributing organizations continued to comprise an essential part of frontline response efforts. Foreign medical coordination teams are in place in each WHO country office and focus on coordination and sharing of best practices among foreign medical team partners. On 19 February, WHO held a two-day meeting, attended by 160 participants representing the contributing organizations, to agree on best practices in Ebola care and discuss how the teams could best contribute to achieving zero Ebola cases and assisting with the reactivation of essential health services. The African Union Support to Ebola Outbreak in West Africa has begun to play an important role in the restoration of health services. In Liberia, it supported seven national hospitals by providing human resources, repairing and replacing hospital equipment, delivering infection prevention and control protocol training in schools to parents, teachers and students prior to the reopening of schools, and installing 1,000-litre water tanks in three schools for water sanitation programmes.

19. Médecins Sans Frontières remains actively involved in a number of initiatives in Guinea, Liberia, Mali and Sierra Leone. Médecins Sans Frontières employs 325 international and around 4,150 national staff in the region. The organization operates eight Ebola case management centres, providing approximately 650 beds. In Liberia, Médecins Sans Frontières continued to manage the Ebola Management Centre "ELWA 3" in Paynesville, which downsized its capacity to 30 beds, but could scale up to 120 if and as needed. Médecins Sans Frontières also established a survivors clinic, offering medical and psychosocial follow-up for the 509 survivors of ELWA 3 and all other survivors in Liberia.

20. The International Federation of Red Cross and Red Crescent Societies, working in close coordination with the Guinean Red Cross, the Liberian Red Cross Society and the Sierra Leone Red Cross Society, continued to lead efforts in safe and dignified burials and household disinfections and serve as joint leads of the pillar for safe and dignified burials, with responsibility for developing standard operating procedures. The Red Cross's extensive and well-trained volunteer network maintains a strong and active participation in other pillars, including contact tracing, surveillance, social mobilization and psychosocial support.

21. In Guinea, a number of concerning security incidents have occurred in the past 30 days, including one on 8 February in Forécariah, where a safe and dignified burial team was attacked by some community members and suffered injuries. Rumours claiming that the Red Cross was spraying schools to infect children with Ebola had precipitated the incident and prompted suspicious community members to threaten the Guinean Red Cross headquarters. The International Federation of Red Cross and Red Crescent Societies and the Guinean Red Cross have initiated an extensive communications campaign to dispel false rumours and to build trust. As part of those efforts, the International Federation and the Guinean Red Cross are enhancing the communication loop between communities, the safe and dignified burial teams and laboratories to ensure timely notification of deaths and delivery of

test results. The Guinean Red Cross, supported by the International Federation, safely buried approximately 80 bodies a week in February.

United Nations system

22. During the reporting period, UNMEER, in close collaboration with United Nations agencies, funds and programmes, continued to leverage its strategic and regional leadership position to support nationally led response efforts and to ensure unity of purpose among global response partners. UNMEER provided support to the work and priorities of incident management systems and the National Ebola Response Centres in Guinea and Sierra Leone.

23. UNMEER has recalibrated the operational component for the next phase of its response efforts to take into account the remarkable progress in reducing, containing and limiting the spread of Ebola, and to adapt to the evolving nature of the outbreak. The new UNMEER operation is being implemented on two concurrent tracks. The first track is to accelerate response efforts before the onset of the rainy season; the second is to advance preparations for a seamless transition of UNMEER functions to national authorities, as well as to United Nations agencies, funds and programmes.

24. UNMEER stepped up support efforts in Montserrado County by helping to strengthen the management capacity, disease response and surveillance pillars of the Montserrado incident management system. The UNMEER Information Management Team, working with Government counterparts, developed and launched the UNMEER Geo-Information Management System, which is a web-based mapping portal that provides critical geospatial data to facilitate the work of all response partners in Liberia.

25. As part of efforts to ensure a seamless transition of response efforts to United Nations agencies, funds and programmes in Liberia, UNMEER has begun the process of transferring equipment, institutional knowledge and know-how to the Office of the Resident Coordinator. That has included the co-location of key personnel. WHO has already received 20 vehicles to strengthen its mobility as it takes over county-level activities from UNMEER. In addition, more than 20 national and international organizations working on the front lines in the fight against Ebola have gained access to UNMEER vehicles through a vehicle loan facility. If the necessary resources are available, know-how, technical and logistical components will have been transferred to United Nations agencies, funds and programmes by 30 April 2015.

26. In Sierra Leone, UNMEER, together with the United Nations Office for Project Services (UNOPS), continued to enable the work of the National Ebola Response Centres and the Rapid Response Stabilization Teams, including by providing 23 vehicles to fill critical gaps in the rapid response at the district level to aid the activities of the surveillance pillar. Other operational support included the procurement of nine ambulances, nine hearses and 24 satellite phones to cover remote areas to support the Government's capacity and response efforts. Rapid Response Stabilization Teams are engaged in ongoing activities of the Western Area Surge. Following an assessment, two operational surges in Port Loko and Kambia are planned in the coming weeks.

27. In Guinea, UNMEER increased its footprint to reinforce its operational presence at the field level. Thirteen Field Crisis Managers and 11 Information Management Officers were redeployed from UNMEER Accra and Liberia offices as surge capacity to support priorities identified by the National Ebola Response Centre in hotspot prefectures, including Forécariah, Boffa, Dubreka, Lola and Nzérékoré. About 10 additional surge staff are in the process of being deployed in the field to boost coordination capacities and improve the coordination of Ebola respondents at the prefectural level. In that vein, the first Operations Centre of Guinea is being set up in Forécariah. UNMEER staff and assets have supported the Response Centre to develop and undertake joint field missions to assess the implementation of response efforts in priority areas, as well as provided 62 vehicles to the Centre and implementing partners to facilitate their efforts.

28. In Mali, UNMEER and WHO have provided technical and logistics support to the Government's Ebola response effort. The United Nations Children's Fund (UNICEF) conducted public awareness activities across the country, while the United Nations Multidimensional Integrated Stabilization Mission in Mali provided logistics support and the United Nations Population Fund (UNFPA) recruited personnel to reinforce surveillance at strategic entry points.

29. On cross-border issues, UNMEER and other response partners supported the Mano River Union Heads of State Summit held from 13 to 15 February. The Heads of State and Government of the Mano River Union committed to achieving "Zero Ebola Infection" within 60 days, effective 15 February, through accelerating the implementation and integration of the lines of actions. Ensuring cross-border vigilance and response is critical to achieving zero cases within the 60-day target.

30. Prior to the reopening of the borders of Liberia on 22 February, UNMEER and WHO conducted a number of missions to assess and strengthen cross-border surveillance and determine the preparedness of security officials at border-entry checkpoints. On 3 February, UNMEER and the United States Centers for Disease Control and Prevention participated in a rapid assessment mission led by the Bureau of Immigration and Naturalization along three border-crossing points between Liberia and Guinea. Separately, UNMEER has undertaken similar assessments with WHO, the International Organization for Migration (IOM), the Centers for Disease Control and Prevention and the African Union Support to Ebola Outbreak in West Africa. With the opening of the borders in Liberia, a tripartite meeting with Côte d'Ivoire, Liberia and the Office of the United Nations High Commissioner for Refugees (UNHCR) is planned for March to discuss health and security protocols and modalities to be put in place before the resumption of voluntary repatriation of Ivorian refugees from Liberia.

31. In Guinea and Mali, IOM is strengthening the health surveillance system on the border and enhancing travellers' awareness of Ebola. In Sierra Leone, IOM provided support to active case finding and surveillance in markets and county checkpoints and to the deployment of mobile clinics to specific vulnerable communities with limited access to health care, such as miners.

32. In Guinea, IOM has been providing logistics support to the National Ebola Response Centres and the 18 Prefectural Emergency Operational Centres. In Liberia, in order to reinforce infection prevention and control mechanisms in public facilities, IOM has been focusing on expanding outreach activities conducted by the Ebola treatment unit teams in Grand Bassa, Bomi and Grand Cape Mount Counties.

In Sierra Leone, IOM continues to provide training to health-care workers at the National Ebola Training Academy in Freetown. By 1 March, IOM had trained more than 4,000 health-care workers in four months on infection prevention and control, personal protective equipment and clinical learning modules. IOM currently maintains two four-person mobile training teams for rapid deployment.

33. The World Food Programme (WFP) now plans to extend its Special Operation through December 2015, refocusing its strategy on strengthening in-country capacities and implementing additional activities as necessary. Part of that refocus will be to support the strengthening of the capacity of WHO to support improved surveillance as part of the district-by-district approach. The joint collaboration also constitutes a learning opportunity to reinforce the operational capacities of each agency to respond to future complex health crises.

34. Through the Special Operation, WFP has provided logistics services to support responders throughout Guinea, Liberia and Sierra Leone with a special focus on "last-mile" transportation. WFP is revising the composition of the United Nations Humanitarian Air Service fleet in line with operational requirements to ensure sufficient coverage throughout the region. In the light of the coming rainy season, WFP prioritized the prepositioning of cargo across the affected countries. In Guinea, WFP coordinated the movement of urgent medical supplies from Kankan to Siguiri. WFP is also securing contingency fuel stocks in the western part of the country to mitigate the impact of a shortfall. In Liberia, forward logistics bases in the nine counties and mobile storage units are being constructed to meet the needs of humanitarian partners. In Sierra Leone, WFP is erecting prefabricated office structures at the four forward logistics bases to ensure uninterrupted operations. Under its Emergency Operation, WFP has assisted some 2.5 million persons through the distribution of food, nutrition and vouchers to ensure the provision of cooked meals for patients in Ebola treatment units, community care centres and observational interim care centres. Traced households and hotspot communities are ensured monthly food rations to help them mitigate unnecessary movements during containment. UNICEF and partners provided nutrition care and support to almost 75 per cent of registered Ebola patients and survivors.

35. UNICEF continued to lead the social mobilization pillar and the community care centre approach. Social mobilization activities have involved supporting networks of more than 50,000 people across the three affected countries. With inputs from Knowledge-Attitude-Practices surveys, anthropological data and analysis conducted in the three countries, UNICEF is shifting its approach to a tailored district strategy based on the drivers of transmission in each mini-epidemic. Having already supported the construction of 63 community care centres, mainly in Sierra Leone, the UNICEF community care approach, along with other partners, has also shifted to a rapid response approach, recognizing that speed is of the essence. The rapid response systems put in place have contributed to the progress observed in Liberia and are actively being pursued in Guinea and Sierra Leone. UNICEF has also now distributed almost 7,000 metric tons of Ebola-related commodities in the three affected countries.

36. UNFPA in Guinea focused on strengthening community engagement by training and equipping 518 community agents in 19 prefectures and supporting 150 village health watch committees. In Liberia, with the support of UNMEER, UNFPA is conducting and consolidating contact tracing, active surveillance and case finding in

six counties. That includes 3,989 trained community volunteers under the leadership of the county health teams. In Sierra Leone, UNFPA, in partnership with the Ministry of Health and Sanitation, jointly trained more than 3,100 contact tracers and 350 district and chiefdom supervisors.

37. The Programme for Payment of Ebola Response Workers, run by the United Nations Development Programme (UNDP), continues to operate in all three countries, now covering 38,000 Ebola response workers. Analysis is under way between UNDP, national Governments and international partners about how to leverage the investments made on payments to workers to maximize the impact in recovery. In Guinea, UNDP assisted in negotiations between unions and the National Ebola Response Centres and established a harmonized policy on payments to Ebola response workers. UNDP, on behalf of the National Ebola Coordination Cell, has also assumed the role to manage indemnity payments to 1,400 Ebola response workers. In Sierra Leone, UNDP and partners successfully conducted the biometric reverification of Ebola response workers in all 14 districts. The exercise led to the validation of Ebola response workers receiving timely payments and reducing their exploitation. The way forward will focus on maximizing the benefits for financial inclusion, poverty reduction, resilience and economic growth for the countries in the medium and long term, in line with national strategies and recovery plans.

38. UNHCR continues implementing its Ebola Preparedness and Response Strategy in line with the WHO road map and the national response plans in all affected countries. In Liberia, UNHCR has built community care centres and isolation facilities for contacts in all the three camps, which are hosting 29,083 Ivorian refugees, as well as in the host communities, and supported county health teams by donating vehicles to assist with case detection and management and assorted drugs and medical supplies in all counties hosting refugees. UNHCR Liberia has also made special arrangements in and around schools, following the Ministry of Education protocol, and was able to reopen all schools in the camps, benefiting 12,708 students.

39. In February, WHO had up to 720 staff, dispersed in 70 field sites, in place across the three affected countries and Mali. WHO epidemiologists have overseen the strengthening of case investigation and surveillance activities, including active facility-based surveillance, active case finding and community event-based surveillance. Transmission chains are now consistently mapped for known cases across the three countries. Efforts are ongoing to better integrate community engagement with case investigation and contact tracing. In response to the requests of the national Governments, approximately 45 per cent of all those deployed are in Guinea, with a further 23 per cent in Liberia and 25 per cent in Sierra Leone. More than 300 of those deployed are epidemiologists. WHO intends to sustain that large work force in the affected countries before the start of the rainy season.

40. WHO has continued to coordinate support provided through the Global Outbreak Alert Response Network with the identification, preparation, training and deployment of international multidisciplinary experts in order to support the national Ebola response in Guinea, Liberia and Sierra Leone. As at the beginning of February, 102 specialists from Network institutions were deployed in the field, taking the total since the start of the outbreak to more than 1,250 deployments across Guinea, Liberia, Mali, Nigeria and Sierra Leone. Global Outbreak Alert Response Network laboratory partners in the Emerging and Dangerous Pathogens

Laboratory Network continued to support the field laboratory across the three countries. On 26 February, there were 73 Global Outbreak Alert Response Network experts in the field.

41. WHO has continued to ensure regular turnover of logistics professionals in the three affected countries, focusing on supporting field teams in their daily operations, including mobile labs, safe burial training and sample transport.

Activities of the Special Envoy on Ebola

42. My Special Envoy has continued monitoring to ensure that the progress of the Ebola response has been fully aligned with the progression of the outbreak and has provided strategic leadership and guidance, including through weekly meetings of the Global Ebola Response Coalition. Efforts to ensure the necessary resources are mobilized to maintain the required levels of intensity in the response continued. Within the Coalition, maximizing the contribution of all stakeholders to the shared objective of "getting to zero" has been a particular focus, including consideration for the role of the private sector, which participates in the Coalition through the Ebola Private Sector Mobilization Group; the Group comprises more than 120 organizations and companies with more than 20,000 employees in the affected countries.

43. The Special Envoy continued to manage and coordinate the Ebola Response Multi-Partner Trust Fund. During the month of February 2015, the Fund received deposits totalling $6 million, bringing the overall deposits in the Fund to $132 million. Of that amount, $118 million has been disbursed to eight United Nations entities, including the International Civil Aviation Organization (ICAO), UNDP, UNFPA, UNICEF, UNMEER, UNOPS, WFP and WHO. The Fund has allocated funding for district surveillance (UNDP, UNFPA and WHO), logistics and transport (WFP), community care centres (UNICEF), social mobilization (UNICEF and WHO), strengthening of Ebola workers payment system (UNDP), strengthening of national response capacities (UNMEER and UNOPS), and airport preparedness/assistance training (ICAO). On 20 February, the Special Envoy released an interim report of the Fund for the period from October 2014 to January 2015 (available from mptf.undp.org/ebola) to provide an update on the progress of the Fund, a summary of early achievements and a financial analysis detailing Fund disbursements to date. The Fund's Advisory Committee decided to establish two new funding windows within the Fund to support preparedness and recovery, which will enable the Fund to integrate humanitarian and development efforts within a single financing instrument.

44. On 25 February, the Office of the Special Envoy released a third report in the series on the funding contributed by donors for the response (available from ebolaresponse.org/sites/default/files/20150225rr-iii.pdf). Entitled "Resources for Results III", the report offers an analysis of available data on the finances committed for the overall Ebola response and the extent of its disbursement. The report also disaggregates the disbursements to identify the recipient countries and institutions, and the strategic objectives for the contributions made. This was prepared to coincide with final preparations for the European Union High-level Conference, entitled "Ebola: From Emergency to Recovery", in Brussels.

45. To support resource mobilization efforts, the Special Envoy organized two outreach events for Member States and partners in Geneva and New York on 6 and 20 February, respectively, to present the interim report on the Fund and brief on

financial support needs in line with the revised "Overview of United Nations System Needs and Requirements" (available from ebolaresponse.un.org/sites/default/files/onr2015.pdf).

46. The Special Envoy has also participated in activities designed to establish how best to strengthen systems for health security. Through his participation in a World Bank panel on 19 February focused on health systems in fragile States and other significant events, the Special Envoy has been able both to raise public awareness and to share his expertise and guidance on the ways in which national systems can better prevent, identify and contain Ebola outbreaks.

Building resilience and supporting recovery

Ebola recovery assessment

47. Following a joint desk review and a visit from an integrated team from the African Development Bank, the European Union, the United Nations and the World Bank to the affected region from 12 to 16 January 2015, the Ebola Recovery Assessment reports have been finalized and shared with the national authorities in Guinea, Liberia and Sierra Leone. All of the reports, developed with the support of United Nations agencies, funds and programmes, serve as inputs to nationally led processes for the development of Ebola recovery strategies.

48. A global Ebola Recovery Assessment report is being finalized and a summary of the global report was shared during the European Union High-level Conference on Ebola in Brussels on 3 March. In addition to summarizing the country reports, the global report, which is intended as a contribution to nationally led recovery planning processes, examines cross-country and regional dimensions as a complement to national strategies. During the next phase of the Ebola Recovery Assessment, the Assessment partners will support the three Governments in costing their national recovery strategies through a coordinated and coherent process across the three countries which would include a detailed mapping of existing resources. Dialogue with the Governments of Guinea, Liberia and Sierra Leone will lead to the identification of national priorities and principles for recovery. Those can also be applied in the regional approach to recovery requested by the Governments of affected countries. Sustained international support will be critical given the setbacks to economic development experienced by each country: the objective is to ensure that those are as short-lived as possible. In addressing recovery, it will be important to address the drivers of the fragility which has contributed to the crisis, including through building resilient institutions and improved services and by prioritizing human development and citizen empowerment. While it is important to have a comprehensive, long-term view of recovery consistent with national development aspirations and for Governments of the affected countries to lead the recovery efforts, it is also imperative now to define and to take initial steps to plan towards meeting urgent recovery needs.

49. While those longer-term planning efforts are under way, activities are also being scaled up, in parallel, to address the immediate needs generated by the impact of the Ebola outbreak, pave the way for a safe recovery and prevent new outbreaks from emerging in other countries.

Non-Ebola health care

50. WHO, along with other partners, is supporting national authorities and civil society actors to safely reopen health facilities and reactivate essential health services in both urban and rural settings. A task force on the restoration of safe and essential health services was commissioned in January 2015 to develop the Framework on the Restoration of Essential Health Services. The Framework is being developed to offer an immediate tool for verifying that essential non-Ebola wards are ready to reopen. National authorities will determine the minimum package of essential services that best fit their contexts. Recommendations from the Framework will focus on re-establishing and expanding malaria, immunization, integrated management of childhood illness and reproductive health programmes to pre-outbreak levels in the three affected countries. In the immediate to medium term, WHO will focus on making every health district safe, functional and resilient. Over the long term, support will be provided to key structural health reforms, including strengthening community systems and their linkages to district health services. WHO is providing technical expertise to develop capacities under the International Health Regulations and Integrated Disease Surveillance and Response systems to better integrate them into local health systems.

51. In Guinea, UNICEF has provided support to the health district of Boké region, which started a renewed measles vaccination campaign on 19 February 2015 following a measles outbreak. In Liberia, UNICEF and other agencies are supporting preparations for a forthcoming national measles vaccination campaign based on the identification of suspected cases, mostly in and around the capital of Monrovia. UNMEER also supported the Ministry of Health and Social Welfare during the Periodic Intensification of Routine Immunization programme that was carried out in the first week of February. In Sierra Leone, a four-day door-to-door campaign against malaria was led by the Ministry of Health and Sanitation with support from Médecins Sans Frontières and UNICEF.

52. UNFPA is providing support in the field of quality reproductive health services for women and girls in the three affected countries. In Sierra Leone, UNFPA, with funding from the World Bank, is rehabilitating 51 "safe maternal clinics" with a focus on high population density districts. Training of health personnel to provide maternal and newborn health services in the current context of Ebola are ongoing. In Guinea, UNFPA, in close collaboration with the Ministries in charge of women affairs, public health and development and planning, has provided technical support to the national sectoral teams in order to reflect issues concerning maternal health and youth/adolescent reproductive health in recovery plans. In all three countries, UNICEF has supported national efforts to ensure the provision of routine maternal and child health services.

Protection

53. Over 16,000 children are now registered as having lost at least one parent or primary caregiver across the three countries. UNICEF and partners have developed a standard package of minimum interventions for those children; the package varies slightly by country but includes cash support, material assistance, feeding support for infants or a referral to WFP for food support if needed, back-to-school supplies, psychosocial support and regular visits by a social worker for six months. Support is being provided to child welfare committees, in addition to the provision of

nutritional care and treatment of acute malnourished children under 5 and psychosocial support for other identified vulnerable children. In Sierra Leone, an additional 8,000 children have been registered as vulnerable, while in Guinea an additional 25,000 children have received psychosocial support. As at 20 February 2015, 3,707 children in Liberia are currently receiving support from external family members or have been placed in transitional homes.

54. WFP continued to provide nutrition support to survivors across the three countries. In February, nearly 1,000 mobile phones were distributed to survivors to begin mobile cash transfers and follow-up monitoring of survivor progress. In Sierra Leone, UNICEF, in collaboration with the Ministry of Social Welfare, Gender and Children's Affairs and partners, is supporting the reintegration of Ebola survivors into their communities through the strengthening of survivor support networks and the facilitation of community acceptance processes.

55. UNFPA, with resources from the Swedish International Development Corporation, continued to support response efforts in seven counties in Liberia through a "one stop shop" service that includes comprehensive medical, psychosocial and legal support. In Liberia, UNICEF has worked towards funding 30 mental health and psychosocial support supervisors in 15 counties and planning support services for burial team and crematorium workers.

Education

56. Since the onset of the Ebola outbreak, according to UNICEF, an estimated 5 million children have been out of school in Guinea, Liberia and Sierra Leone. Getting children safely back to school provides a sense of normalcy and stability to children who have suffered from the impact of the disease.

57. In Guinea, 9,000 of the 12,200 primary schools have now reopened in Ebola-affected areas. The Ministry of Education is now reporting the return of 1.4 million children to school, representing 85 per cent of children enrolled as compared to the previous year. UNICEF has ensured that 8,600 of those schools are equipped with the basic resources to prevent the disease. WFP relaunched the school meal programme in Fria prefecture in lower Guinea, providing cooked meals to almost 2,000 children.

58. In Liberia, schools officially reopened on 16 February 2015. UNICEF and partners worked to deliver school reopening kits to all 98 districts and continued to work with more than 4,000 schools to be able to apply and ensure adherence to the Safe School Reopening Protocols. WFP is planning to restart its school feeding activities in nine counties, targeting 127,000 children with cooked meals and 5,000 female students with monthly take-home rations. WFP is also working with the Government to develop a sustainable, countrywide home-grown school feeding programme.

59. In both Guinea and Liberia, UNICEF and other education partners are working with teachers, administrators and parent-teacher associations to instil confidence and address concerns that parents and pupils have raised regarding Ebola prevention measures in schools and undertaking radio spots to dispel rumours about thermometers and disinfectants and to encourage school attendance. Partners also continue to work with schools to appropriately apply protocols and safety measures relating to the safe reopening of schools.

60. Schools are scheduled to reopen in Sierra Leone on 30 March. Partner efforts are being intensified in the remaining weeks, including the finalization of safety measures, teacher training and the distribution of school preparation kits. Those efforts are being undertaken in close coordination with case management, social mobilization and child protection efforts. Results from U-Report, a text-based communications platform developed by UNICEF to gather information from young people, showed that 65 per cent were looking forward to returning to school.

Economic impact, livelihoods and early recovery planning

61. Ebola has disrupted key economic activities in Guinea, Liberia and Sierra Leone, and negatively affected the agricultural, forestry, mining, manufacturing, construction, transport and tourism industries. According to Mano River Union reports, gross domestic product growth rates for Guinea, Liberia and Sierra Leone slowed from 4.5 per cent, 6.0 per cent and 11.3 per cent to 0.5 per cent, 2.2 per cent and 6.0 per cent, respectively, as a result of the outbreak.

62. With support from UNDP and the Global Environment Facility, programmes ensuring the eco-friendly disposal of Ebola waste have started using environmentally friendly sterilizing equipment (autoclaves) to dispose of contaminated protective equipment and infectious waste generated in treating Ebola patients.

63. The World Bank Group began supporting the rebuilding of non-health essential services in the three countries, including through targeted cash transfer systems for the poorest and Ebola-affected households in Liberia and Sierra Leone, seed supplies for farmers in Guinea and Sierra Leone, supplies of secondary education materials for Liberia and psychosocial support of Ebola victims in Liberia and Sierra Leone. In Liberia, UNDP and the Government have launched the Social Safety Net Cash Transfer and Resilience Strengthening Programme to help transform the lives of the poorest households, starting with two counties initially.

64. In Guinea and Sierra Leone, UNDP has established Working Groups on Livelihoods and Economic Recovery to address all major gaps in early recovery within the context of the current Ebola response. In Liberia, UNDP is leading an Early Recovery Cluster, focusing on cash payments, livelihoods and economic development issues. UNDP has organized group discussions with private-sector partners to support creative interventions to reduce risks and resume non-Ebola health care.

Food security

65. The results of the latest round of mobile vulnerability analysis remote data collection show that households in Freetown and Monrovia used fewer negative coping strategies, but negative coping levels remained high in other areas in the three countries. Households headed by women are most vulnerable to food insecurity. WFP has introduced a new "transition" phase in communities where Ebola transmission has ceased, but where monitoring suggests continued disruptions to markets. In February 2015, 15,000 people in Guinea benefited from the programme in its first week of implementation.

66. WFP organized, with the Permanent Inter-State Committee on Drought Control in the Sahel and the Ministries of Agriculture, the Food and Agriculture Organization of the United Nations (FAO) and the Famine Early Warning Systems

Network, market and food security assessments for all three countries. The results are currently being finalized. Preliminary outcomes indicate that no major food shortages were observed in the visited markets and communities; however, a moderate decline was noted in production, which was caused by labour constraints owing to the economic impacts of the Ebola outbreak.

67. In Guinea, FAO is starting a recovery-oriented programme, with funding from the World Bank and the Africa Solidarity Trust Fund, which aims to assist 33,600 vulnerable and Ebola-affected households in 12 prefectures recover their livelihoods and improve their food security through the provision of agro-inputs, equipment and cash transfers.

Preventing outbreaks in non-affected countries

68. WHO and partners have undertaken preparedness-strengthening country visits to more than 70 countries worldwide, including priority support to 14 non-affected countries on the continent. All priority countries are implementing national operational plans. During the first two weeks of February 2015, nine 30-, 60- and 90-day preparedness updates were submitted by countries and made available on the WHO Ebola Preparedness Dashboard.

69. In February, WHO completed four follow-up visits to Côte d'Ivoire (8-18 February), Senegal (16-23 February), Mali (18-25 February) and Guinea-Bissau (22-28 February). Because recent Ebola cases have been reported from border areas adjacent to those non-affected countries, follow-up visits have focused on increasing collaboration with health authorities in affected countries in order to achieve a stronger understanding of cross-border population movements and implementing broader surveillance strategies in high-risk areas. A border meeting was held in Côte d'Ivoire on 13 February with the health and administrative authorities to review the status of Ebola preparedness on the Ivorian border and identify areas for cross-border reinforcement. A tripartite coordination meeting between Guinea, Mali and Senegal was held on 25 and 26 February to share lessons learned and expand collaboration between the three countries.

70. Over 180 multi-partner staff deployments have been made to the unaffected countries to assess and strengthen Ebola preparedness. WHO is enhancing its deployment of Preparedness Strengthening Teams with the recruitment of 14 Preparedness Officers within the countries for longer-term and more continuous support.

Way forward

71. Since my establishment of UNMEER to provide strategic leadership and harness international efforts in a unified and coherent manner to manage the crisis, important progress has been made. Overall incidence figures in Guinea, Liberia and Sierra Leone are significantly lower than in 2014. Liberia, once the epicentre of the outbreak, is currently the only country with a continued downward trend in case incidence in February 2015, while case incidence in Sierra Leone and Guinea is fluctuating, albeit at a much lower rate than we saw in 2014. As at the end of February, the affected countries have reason for a cautious optimism that the end of the outbreak is in sight. But that optimism is tempered with the recognition that the final stretch may yet prove to be the hardest part of the job.

72. I applaud President Alpha Condé of Guinea, President Ellen Johnson Sirleaf of Liberia and President Ernest Bai Koroma of Sierra Leone for their personal engagement and for the commitment of their Governments in providing the political leadership to guide response efforts at the national level. I extend my gratitude to Member States; egional organizations, especially the African Union and the Mano River Union; our frontline partners, including non-governmental organizations and foreign medical teams; and the civil society actors and communities who have owned the response at the local level and helped to turn the tide on the outbreak.

73. The global Ebola response is at a critical juncture. Our approach has evolved in response to the pattern of the Ebola outbreak and to local exigencies in the three affected countries. The challenges ahead require us to renew our commitment and accelerate and intensify our efforts to "get to zero". In the short term, UNMEER will intensify its implementation of the lines of actions in an integrated manner, with a particular emphasis on community engagement. Immediate priorities include identifying new cases in a timely manner, tracing all contacts, ensuring that all cases come from known chains of transmission, systematically enhancing comprehensive surveillance and facilitating greater awareness on Ebola and transmission among the population.

74. The Heads of State and Government of the Mano River Union committed to achieving "Zero Ebola Infection" within 60 days, effective 15 February. They also called on the international community to provide all necessary support to meet that objective. The way forward lies in supporting the initiatives of the affected countries by accelerating response efforts to the specific patterns and challenges they face, as well as supporting the regional perspective in recognition of the cross-border dynamics and threat that Ebola continues to represent for the three countries.

75. Assisting the affected countries in stopping the outbreak and getting to zero infections continues to be the singular priority of the global response effort. In my previous letter, I reported that, ahead of the rainy season, UNMEER is accelerating its efforts to support Governments in rolling out the response at the district level. I am pleased to note that UNMEER deployed 24 personnel to reinforce its response efforts in Guinea. In Sierra Leone, UNMEER and partners continued to support response efforts in the western area and will redeploy resources as the epidemiology shifts in order to work with the communities and facilitate the early detection of cases. UNMEER will continue to work in concert with the Government and response partners to facilitate integration of the lines of actions, particularly with regard to community mobilization and engagement initiatives. In Liberia, UNMEER has increased its focus in Montserrado County, the main area of Ebola transmission in the country, and will continue to support the Government-led strategy, including by supporting the Montserrado incident management system.

76. As the countries begin the gradual process towards re-establishing essential services such as reopening schools, re-establishing non-Ebola health care and easing the restricted movement of their populations, it is imperative that those things be done in a safe and Ebola-free environment. UNMEER and other United Nations agencies, funds and programmes will work together with the Governments to ensure the safe reopening of schools. Similarly, UNMEER will work with the Mano River Union and WHO to ensure that the efforts of Governments in reopening the borders are harmonized, and that regional infection prevention and control and surveillance mechanisms are put in place to mitigate and prevent cross-border transmission.

Those efforts will also benefit from enhanced community engagement to ensure community participation in the safe resumption of essential services.

77. While the focus and overriding priority in the three affected countries in the coming months, and in particular before the rainy season, is to support the expressed intent of the Mano River Union to get to zero cases of Ebola, UNMEER will begin, in parallel, to plan to transition its responsibilities to national Governments. To ensure a seamless, coordinated, gradual and responsible transition in which the functions of UNMEER are transferred to national institutions and United Nations system partners, the planning process must commence now. The transition has already started in Liberia and Mali and entails providing effective support, knowledge and resources to Government institutions, United Nations agencies, funds and programmes and other non-state actors, as well as empowering communities. In Mali, UNMEER is scheduled to close by the end of the present month, as Ebola is no longer viewed as posing a grave threat to the country.

78. During the second phase of the Ebola response in Guinea, Liberia and Sierra Leone, the Office for the Coordination of Humanitarian Affairs of the Secretariat will further enable existing coordination mechanisms through the establishment of country offices to ensure the safe provision of essential services, work with UNMEER and the Offices of the Resident Coordinators on the gradual handover of the Mission's functions and strategically support the transition from immediate response to reconstruction and recovery.

79. Those efforts require continued funding support from Member States now more than ever, because the final stretch to get to zero cases may be the hardest part of the response. Without the necessary resources, the risk of retransmission will persist. If the response effort is to be sustained at the required level of intensity, the total cost, as presented in the revised "Overview of United Nations System Needs and Requirements", will be around $1.5 billion, of which there is a funding gap of around $900 million. The Ebola Response Multi-Partner Trust Fund, which has effectively provided funding to response partners and frontline efforts to fill critical operational gaps, also needs to be replenished.

80. As cases continue to decrease, we must guard against complacency and ensure that the support to the Governments and people of the affected countries remains strong. With the re-establishment of essential services, we owe it to the affected countries to ensure that services are provided in an environment safe and free from Ebola. Guinea, Liberia and Sierra Leone, as well as United Nations agencies, funds and programmes, will need sustained support to "get to zero" and ensure that public institutions, particularly the health sector, are resilient in order to respond effectively to all needs and socioeconomic challenges.

81. I would be grateful if you could bring the present letter to the attention of the members of the General Assembly.